

SITE FOOD EVALUATION / CHECK SHEET

SITE: _____

DATE: _____

Central Kitchen Loading Time: _____

Site Arrival Check-In Time: _____

SITE CHECK-IN LIST								
	Received Daily Menu Items	Received Milk	Received Butter	Received Towels	Exchanged Daily Mail Pouch	Exchanged Daily Mail Pouch	Picked Up Thursday's Money Bags	Delivered Supplies To Site
Driver								
Coordinator								

SITE FOOD EVALUATION						
ITEMS	MEALS ORDERED FROM KITCHEN	MEALS RECEIVED FROM KITCHEN	MEALS SERVED	FOOD TEMPERATURE		
				LEFT KITCHEN	RECEIVED	SERVED
COMMENTS:						

FOOD QUALITY		YES	NO	COMMENTS
1	Did you receive enough food to serve the CORRECT PORTION to each person? (1/2 cup = 1 serving fruit or vegetable, 3 oz. = 1 serving protein)			
2	Is the COLOR appealing? Is the COLOR a good combination?			
3	Is the FLAVOR acceptable? (bland, tart, spicy, sweet?)			
4	Is the TEXTURE correct for each food? (soft, crisp, firm?)			
5	Can you easily serve the food?			
6	Will each dish fit into the plate compartments without spilling over?			

EVALUATOR: _____

DATE: _____

Comments: _____

Reviewed By: _____

SITE FOOD EVALUATION / CHECK SHEET

SITE: _____

DATE: **Tuesday,** _____

Central Kitchen Loading Time: _____

Site Arrival Check-In Time: _____

SITE CHECK-IN LIST

	Received Daily Menu Items	Received Milk	Received Butter	Received Towels	Exchanged Daily Mail Pouch	Exchanged Daily Mail Pouch	Picked Up Thursday's Money Bags	Delivered Supplies To Site
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EVALUATOR: _____

DATE: _____

Comments: _____

Reviewed By: _____

SITE FOOD EVALUATION / CHECK SHEET

SITE: _____

DATE: Wednesday,

Central Kitchen Loading Time: _____

Site Arrival Check-In Time: _____

SITE CHECK-IN LIST

	Received Daily Menu Items	Received Milk	Received Butter	Received Towels	Exchanged Daily Mail Pouch	Exchanged Daily Mail Pouch	Picked Up Thursday's Money Bags	Delivered Supplies To Site
Driver								
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EVALUATOR: _____

DATE: _____

Comments: _____

Reviewed By: _____

SITE FOOD EVALUATION / CHECK SHEET

SITE: _____

DATE: **Thursday,** _____

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EVALUATOR: _____

DATE: _____

Comments: _____

Reviewed By: _____

SITE FOOD EVALUATION / CHECK SHEET

SITE: _____

DATE: **Friday,** _____

Central Kitchen Loading Time: _____

Site Arrival Check-In Time: _____

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